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NEW DIRECTIONS IN PUBLIC POLICY
FOR HEALTH CARE

INTRODUCTION

THIS Conference on "New Directions in Public Policy for Health Care" is the third of a series of national conferences sponsored annually by The New York Academy of Medicine that have focused on the changing social and economic environment in which health care is financed and provided—and have focused on the implications of these changes for public health and medical care. The first conference in this series, in 1964, was on the theme of "The Expanding Role of Ambulatory Services in Hospitals and Health Departments." A year later it was "Closing the Gaps in the Availability and Accessibility of Health Services." The proceedings of these conferences have been published as special issues of the monthly *Bulletin of The New York Academy of Medicine*, a special edition being made available to interested persons throughout the country.

In recent years we have appreciated that technological advances in scientific medicine were creating vast changes in the content of health care and in the types of skills and facilities needed to make the best in health care available to all people. Today, however, larger and larger numbers of people are beginning to realize that changes in public policy with respect to health care are not keeping pace with the changes in technology. For more than half a century there have been few basic changes in the organizational structure for the provision of health care. Until this past year there has been no significant change in the financing

provisions for health care for more than three decades.

All people throughout the United States who are concerned with health care problems are aware that social policy with respect to health care is in the process of being reformulated. All people, likewise, are concerned with the general direction toward which these changes are moving and they are, of course, concerned with the implications and degree of effectiveness in resolving today's health care problems in the public interest.

Legislation enacted by Congress in 1965, properly identified as Public Law 89-97, is one piece of evidence of the changing public policy for health care. This law established a national compulsory hospital insurance program for all persons 65 years of age or older. This same law contained many other health care provisions representing a departure from the historical concept that the financing of health care for those unable to pay at the time of illness was almost entirely a local and state responsibility under long-established poor-law provisions. This new law contained many health care provisions, which, when considered together, represent the first major changes in public policy for health care since the establishment of our country. Members of Congress, leaders of both of the major political parties, described this one legislative measure as "the largest and most significant piece of social legislation ever to pass the Congress in the history of our country."

There are other changes in public policy being made today of equal importance to health care. As a nation we are now aware, for example, that the acceptance of a poverty standard-of-living status for any segment of our population is not only incompatible with our national social goals but, because of the productivity of our economy, is an avoidable phenomenon. Before the end of this decade a massive national effort will be well under way to abolish poverty. This one effort alone will have an even greater impact on the structure for financing and organizing health care than such legislative measures as Public Law 89-97.

At the same time that we are moving to abolish a poverty status as a condition of eligibility for benefiting from some categories of tax-supported social services we are rethinking the traditional and historical lines of separation between public health and personal health services. Health and welfare have been almost unique among the social and related community services made available by tax funds or by an intermingling of tax and private funds, under the sharp lines of eligibility

based on public-private concepts of responsibility. The concepts underlying such social efforts as the war on poverty will abolish the differential status with respect to health care that has for many decades separated the paying patient from the "welfare" patient. This separation will result in increased governmental responsibility for restructuring health care and for maintenance of optimum standards of service.

In planning the Conference at which the papers in this volume were presented, The New York Academy of Medicine and our Committee Chairman, Dr. Norton S. Brown, were mindful of our unique opportunity and of our particular responsibility to provide a national forum for a public dialogue on the policy and program issues that are now before the people of the United States. Dr. Milton Terris, chairman of the Conference Committee and a Fellow of the Academy, worked with the members of his special Committee to construct a program that would bring into focus and structure the Conference in such a manner as to bring into view the policy issues confronting the general public and the health professions. It is the belief of the Academy personnel responsible for this Conference that the Academy has a responsibility to the general public to encourage an interdisciplinary consideration of the questions discussed in this issue.

Today the problems of financing and distribution of health services, and the related problems of quality and comprehensiveness of service, require the thinking of both personal and public health physicians, of social workers, public health nurses, health and hospital care administrators, research and program evaluation specialists and the many other members of the health care team. But the thinking and interaction of members of this team is not enough.

Health care planning and administration requires, in addition, the skills of such specialists as are represented by public administration, sociology, economics, public finance, and community planning. There is no public concern that should not be represented in health care planning. Persons in the fields of education, housing, and transportation have a role to play in health care programming—and the role of law enforcement personnel should not be ignored. The specialist in the new computer technology is as important a member of the team as is the psychiatrist, the psychologist, and the social worker.

Social policy is concerned primarily with the fullest use of the instruments at the disposal of society as a whole to improve the quality

of life for all people. Health care is only one component of this consideration—but it is very nearly at the heart of the many interrelated components that in the final analysis determine the quality of life. The concept that improvement in the quality of life is the true focus of our efforts—and that this function requires interdisciplinary action—almost dictates the mayors of our large cities to appoint a “Commission for Improvement of the Quality of Life in the Urban Community.” This would help break away from the traditional departmental lines and permit city-wide planning and allocation of resources in relation to the needs of people. Health care must compete with such other essential services as education, housing, transportation, police and fire protection, recreation, and conservation of natural resources.

The “New Directions in Public Policy for Health Care” point toward the need for a new mechanism for establishing and maintaining standards and for recommending priorities. Environmental health needs, for example, have been discussed as public issues for a much longer period of time than have personal health needs. Now, in many ways, concern about meeting personal health needs is receiving major attention. We shall soon be allocating tax funds to rebuild urban hospitals and neighborhood health centers as well as to rebuild obsolete urban transportation systems. The problem, strangely enough, is not the lack of funds and resources as much as it is social commitment and lack of a coordinated plan for establishment of priorities. This Conference was highlighted by the common consensus that national social policy in the health care sector is too often contradictory, and that today’s goals are not firmly established.

It is hoped that these papers will stimulate the discussion and debate required to resolve such an issue as how to assure universal access to health care, which also means resolving the issue how to obtain a workable plan for financing, which again requires universal participation. The intergovernmental relationships are yet to be reformulated in reference to health care problems faced today. Throughout the Conference papers and discussions it is clear the traditional relationship between the public and private sectors is in transition. The orderly meshing of resources points toward a new role for government. Government is emerging as being in the position of having the only mechanism for the over-all planning and allocation of resources that have become so essential if we are to avoid inefficiencies and uneconomical utilization. New concepts of

public accountability for meshing the private sector instruments into the new structure comprise only one of many problems within the scope of the papers presented at this Conference. Equally important is the problem of strengthening the local community capability while, at the same time, a new federalism is emerging.

There are few major and critical problems confronting the health care industry that are not mentioned in these papers. If in some small way this published collection of papers prepared for the Conference helps in giving definition to pressing problems and points toward possible solutions, all of our efforts will have been worthwhile. This is the most we can hope for in the complex and fast-moving world of health affairs. There are "New Directions in Public Policy for Health Care"—and some of these directions are in sharper focus than others. We, hopefully, shall help shape these directions, but this we can do only if we understand the forces at work and always keep in mind that the product is to improve the quality of life for all people wherever they may live or whatever their circumstances may be.

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